

|                                                                                                                                     |                                          |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------|
| SUBSTITUTE FORM PTO-1390 U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE                                                    |                                          | ATTORNEY'S DOCKET NUMBER<br>15268.0001                              |
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b> |                                          | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>10/516532</b> |
|                                                                                                                                     |                                          |                                                                     |
| INTERNATIONAL APPLICATION NO.<br>PCT/AU03/00699                                                                                     | INTERNATIONAL FILING DATE<br>4 June 2003 | PRIORITY DATE CLAIMED<br>4 June 2002                                |
| TITLE OF INVENTION<br>SECURITY SYSTEM                                                                                               |                                          |                                                                     |
| APPLICANT(S) FOR DO/EO/US<br>Malcolm John MENDAY and David Robert HIGGINS                                                           |                                          |                                                                     |

Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

1. ☒ This is a **FIRST** submission of items concerning a filing under 35 U.S.C. 371.
2. ☐ This is a **SECOND** or **SUBSEQUENT** submission of items concerning a filing under 35 U.S.C. 371.
3. ☒ This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.
4. ☒ The US has been elected (Article 31).
5. ☒ A copy of the International Application as filed (35 U.S.C. 371(c)(2))
  - a. ☒ is attached hereto (required only if not communicated by the International Bureau).
  - b. ☐ has been communicated by the International Bureau.
  - c. ☐ is not required, as the application was filed in the United States Receiving Office (RO/US).
6. ☐ An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).
  - a. ☐ is attached hereto.
  - b. ☐ has been previously submitted under 35 U.S.C. 154(d)(4).
7. ☒ Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))
  - a. ☐ are attached hereto (required only if not communicated by the International Bureau).
  - b. ☐ have been communicated by the International Bureau.
  - c. ☐ have not been made; however, the time limit for making such amendments has NOT expired.
  - d. ☒ have not been made and will not be made.
8. ☐ An English language translation of amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).
9. ☐ An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).
10. ☐ An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).

**Items 11 to 20 below concern document(s) or information included:**

11. ☒ An Information Disclosure Statement under 37 CFR 1.97 and 1.98.
12. ☐ An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
13. ☒ A preliminary amendment.
14. ☐ An Application Data Sheet under 37 CFR 1.76.
15. ☐ A substitute specification.
16. ☐ A power of attorney and/or change of address letter.
17. ☐ A computer-readable form of the sequence listing in accordance with PCT Rule 13~~ter~~.2 and 37 CFR 1.821 - 1.825.
18. ☐ A second copy of the published international application under 35 U.S.C. 154(d)(4).
19. ☐ A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).
20. ☒ Other items or information: Int'l Publication WO 03/101867  
Form PCT/IB/301  
Form PCT/IB/304  
Form PCT/IB/308

| U.S. APPLICATION NO. <b>10/516532</b> (known as 37 CFR 1.2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              | INTERNATIONAL APPLICATION NO.<br>PCT/AU03/00699 |         | ATTORNEY'S DOCKET NUMBER<br>15268.0001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |        |              |              |      |  |  |              |          |   |        |          |  |                    |        |   |        |          |  |                                              |  |  |         |        |  |                                      |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|--------------|--------------|------|--|--|--------------|----------|---|--------|----------|--|--------------------|--------|---|--------|----------|--|----------------------------------------------|--|--|---------|--------|--|--------------------------------------|--|--|--|
| 21. <input type="checkbox"/> The following fees are submitted:<br><b>Basic National Fee ( 37 CFR 1.492 (a) (1) - (5)):</b><br>Neither international preliminary examination fee (37 CFR 1.482)<br>nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO<br>and International Search Report not prepared by the EPO or JPO ..... <b>\$1110.00</b><br><br>International preliminary examination fee (37 CFR 1.482) not paid to<br>USPTO but International Search Report prepared by the EPO or JPO ..... <b>\$950.00</b><br><br>International preliminary examination fee (37 CFR 1.482) not paid to USPTO<br>but international search fee (37 CFR 1.445(a)(2)) paid to USPTO ..... <b>\$790.00</b><br><br>International preliminary examination fee (37 CFR 1.482) paid to USPTO<br>but all claims did not satisfy provisions of PCT Article 33(1)-(4) ..... <b>\$750.00</b><br><br>International preliminary examination fee (37 CFR 1.482) paid to USPTO<br>and all claims satisfied provisions of PCT Article 33(1)-(4) ..... <b>\$100.00</b><br><br><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b> |              |                                                 |         | <b>CALCULATIONS PTO USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |        |              |              |      |  |  |              |          |   |        |          |  |                    |        |   |        |          |  |                                              |  |  |         |        |  |                                      |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                 |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |        |              |              |      |  |  |              |          |   |        |          |  |                    |        |   |        |          |  |                                              |  |  |         |        |  |                                      |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                 |         | <b>\$1110.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |        |              |              |      |  |  |              |          |   |        |          |  |                    |        |   |        |          |  |                                              |  |  |         |        |  |                                      |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                 |         | <b>\$130.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |        |              |              |      |  |  |              |          |   |        |          |  |                    |        |   |        |          |  |                                              |  |  |         |        |  |                                      |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                 |         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">CLAIMS</th> <th style="width: 20%;">NUMBER FILED</th> <th style="width: 20%;">NUMBER EXTRA</th> <th style="width: 20%;">RATE</th> <th style="width: 20%;"></th> <th style="width: 20%;"></th> </tr> <tr> <td>Total Claims</td> <td>29- 20 =</td> <td>9</td> <td>x \$18</td> <td>\$162.00</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>5- 3 =</td> <td>2</td> <td>x \$88</td> <td>\$176.00</td> <td></td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIMS(S) (if applicable)</td> <td>+ \$300</td> <td>\$0.00</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td><b>\$1578.00</b></td> <td></td> </tr> </table> |           | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE |  |  | Total Claims | 29- 20 = | 9 | x \$18 | \$162.00 |  | Independent Claims | 5- 3 = | 2 | x \$88 | \$176.00 |  | MULTIPLE DEPENDENT CLAIMS(S) (if applicable) |  |  | + \$300 | \$0.00 |  | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  |
| CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NUMBER FILED | NUMBER EXTRA                                    | RATE    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |        |              |              |      |  |  |              |          |   |        |          |  |                    |        |   |        |          |  |                                              |  |  |         |        |  |                                      |  |  |  |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 29- 20 =     | 9                                               | x \$18  | \$162.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |        |              |              |      |  |  |              |          |   |        |          |  |                    |        |   |        |          |  |                                              |  |  |         |        |  |                                      |  |  |  |
| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5- 3 =       | 2                                               | x \$88  | \$176.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |        |              |              |      |  |  |              |          |   |        |          |  |                    |        |   |        |          |  |                                              |  |  |         |        |  |                                      |  |  |  |
| MULTIPLE DEPENDENT CLAIMS(S) (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                 | + \$300 | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |        |              |              |      |  |  |              |          |   |        |          |  |                    |        |   |        |          |  |                                              |  |  |         |        |  |                                      |  |  |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                 |         | <b>\$1578.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |        |              |              |      |  |  |              |          |   |        |          |  |                    |        |   |        |          |  |                                              |  |  |         |        |  |                                      |  |  |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                 |         | <b>\$789.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |        |              |              |      |  |  |              |          |   |        |          |  |                    |        |   |        |          |  |                                              |  |  |         |        |  |                                      |  |  |  |
| <b>SUBTOTAL =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                 |         | <b>\$789.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |        |              |              |      |  |  |              |          |   |        |          |  |                    |        |   |        |          |  |                                              |  |  |         |        |  |                                      |  |  |  |
| Processing fee of \$130 for furnishing the English Translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                 |         | <b>\$0.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |        |              |              |      |  |  |              |          |   |        |          |  |                    |        |   |        |          |  |                                              |  |  |         |        |  |                                      |  |  |  |
| <b>TOTAL NATIONAL FEE =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                 |         | <b>\$789.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |        |              |              |      |  |  |              |          |   |        |          |  |                    |        |   |        |          |  |                                              |  |  |         |        |  |                                      |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                 |         | <b>\$0.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |        |              |              |      |  |  |              |          |   |        |          |  |                    |        |   |        |          |  |                                              |  |  |         |        |  |                                      |  |  |  |
| <b>TOTAL FEES ENCLOSED =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                 |         | <b>\$789.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |        |              |              |      |  |  |              |          |   |        |          |  |                    |        |   |        |          |  |                                              |  |  |         |        |  |                                      |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                 |         | <b>Amount to be refunded:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>\$</b> |        |              |              |      |  |  |              |          |   |        |          |  |                    |        |   |        |          |  |                                              |  |  |         |        |  |                                      |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                 |         | <b>charged:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>\$</b> |        |              |              |      |  |  |              |          |   |        |          |  |                    |        |   |        |          |  |                                              |  |  |         |        |  |                                      |  |  |  |

a. ☒ A check in the amount of **\$789.00** to cover the above fees is enclosed.

b. ☐ Please charge my Deposit Account No. 19-4293 in the amount of \$0.00 to cover the above fees. A duplicate copy of this sheet is enclosed.

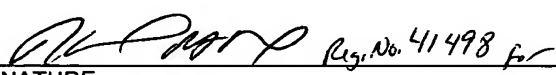
c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No 19-4293. A duplicate copy of this sheet is enclosed.

**NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b) must be filed and granted to restore the application to pending status.**

SEND ALL CORRESPONDENCE TO: CUSTOMER NO. 27890

STEPTOE & JOHNSON LLP  
Attn: Docket Administrator - Box USPTO  
1330 Connecticut Avenue, NW.  
Washington, DC 20036

Tel. (202) 429-3000  
Fax (202) 429-3902

  
 SIGNATURE  
 D. Douglas Price  
 NAME  
 24.514  
 REGISTRATION NUMBER